



Kings County
Behavioral Health Department

450 Kings County Drive, Suite 104
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MENTAL HEALTH SERVICES ACT
INNOVATION COMPONENT
OF THE
COUNTY'S THREE-YEAR PROGRAM AND EXPENDITURE
PLAN

AUGUST 24, 2010

ACKNOWLEDGEMENTS

Kings County Behavioral Health (KCBH) wishes to thank the many consumers, family members, and other community members who gave their time and energy to this process. Their words of wisdom and stories of optimism, wellness, resiliency and recovery have shaped every component of this plan.

In addition, KCBH wishes to recognize the contributions of the members of the MHSA Planning Council who helped guide the development of the planning process and the creation of this plan.

Prepared by Resource Development Associates

Project Team:

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Exhibit A
INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Kings County

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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

Signature (Local Mental Health Director/Designee)

Date

Title

Exhibit B
Innovation Work Plan Narrative

Date: August 24, 2010

County: KINGS COUNTY

Work Plan #: 1

Work Plan Name: Youth Transitions

Description of Community Planning and Local Review Process

Briefly describe the community planning process for development of the innovation work plan. It shall include the methods for obtaining stakeholder input.

Overview of the planning process

The planning process was designed and implemented by a Planning Team composed of Mary Anne Ford Sherman, the Director of Kings County Behavioral Health (KCBH), Ronda Braithwaite, the MHSA Coordinator, and Resource Development Associates, a consulting firm with established expertise in conducting MHSA community planning efforts. Because the Planning Team facilitated the Prevention and Early Intervention (PEI) and Innovation planning processes simultaneously, activities were structured to allow opportunities for participants to impart their visions for either/both components. This integrated approach gave the Planning Team a comprehensive understanding of the mental health system as a whole, as well as a deeper understanding of how specific barriers to service impacted different segments of the community. The proposed Innovation project reflects the experience and creativity of a diverse range of stakeholders.

Specific opportunities for participation were as follows:

- The **MHSA Planning Council** (24 formal members; 53 unduplicated attendees) Prior to initiating the PEI and Innovation Planning Processes, the Planning Team developed a formal list of planning council members, representing a wide range of constituencies (see Appendix B-1 for a list of planning council members). The formal members ensured broad stakeholder representation, but meetings were publicly posted and open, and between 18 and 34 people attended each meeting. The MHSA Planning Council met four times between November 2009 and May 2010. Planning Council members contributed in the following ways: 1) helped identify additional critical stakeholders to interview; 2) reviewed results of the county mental health needs assessment; 3) reviewed MHSA Innovation

Guidelines; 4) developed potential Innovation projects;, and 5) approved of and refined the selected Youth Transitions proposal.

- A **Community-wide Education, Outreach and Engagement** effort ensured broad stakeholder participation. The Planning Team emailed newsletters and meeting announcements to over 200 stakeholders, posted informational and meeting notices at the Oaks Wellness Center, public library, County Administration and Behavioral Health buildings; emailed stakeholders; and sent press releases to local media sources. At each Planning Council meeting, focus group and community meeting, the Planning Team presented a PPT describing the Innovation Component and decision-making process. Sample outreach and education materials are included in the Appendix B-2.
- **Key Informant Interviews (17)** were conducted with consumers and family members, behavioral health staff and community providers, public health, police and probation, early childhood and public education representatives and elected officials. Interviewees described their role in the mental health system, identified issues and barriers to addressing mental health needs, and shared ideas for innovative strategies to overcome those barriers. A list of individuals interviewed is included in the Appendix B-3.
- **Focus Groups (11 groups, 139 participants)** were held with individuals representing specific target populations such as behavioral health staff, child welfare, emergency room personnel, law enforcement, First 5 and other childcare workers, consumers, family members, TAY, seniors, Latinos, and the local Native American community. Through structured dialogue, participants spoke of their experiences with county behavioral health, and collectively deliberated strategies for improving service delivery and building the community capacity necessary to supporting the wellness and resiliency of all individuals regardless of geographic, linguistic and cultural distinctions.
- **Innovation Strategy Roundtables (4 groups, 29 participants)** Following a review of the community needs assessment, the Planning Team facilitated 4 Strategy Roundtables to develop PEI and Innovation strategies. Each roundtable was intentionally small, involving 6 – 10 participants, to encourage collaboration and creativity. Each of the four roundtables focused on a different age group, including: 1) Children and Families, 2) Older Children and TAY, 3) Adults and All Ages, and 4) Older Adults. Ideas from Innovation Strategy Roundtables formed the initial list of potential Innovation projects subsequently shared with the community. See Appendix B-4 for an initial list of Innovation Strategies identified during the strategy roundtables.
- A day-long **Community Prioritization Meeting (59 participants)** was held on February 19, 2010 to prioritize PEI and Innovation strategies. During the meeting, the Planning Team educated participants about the Innovation

guidelines, provided examples from other counties, and described the initial strategies that were developed during the Strategy Roundtables. Participants were also invited to brainstorm additional innovative strategies that would both address mental health needs and provide an opportunity for learning. Following discussion about the uniqueness of these ideas and the potential to learn something new about mental health in Kings County, a final list of potential strategies were posted for all participants to view. All participants were given “dots” to vote on their top priority projects. The proposed project reflects an amalgamation the highest ranking ideas. The two strategies that emerged from the meeting related to addressing the needs of youth transitioning from juvenile justice facilities and overcoming the barriers associated with youth transitions--particularly the drop-off in services following release from custody. One strategy related to equine therapy and the other to art therapies. For a prioritized list of potential innovative strategies, see Appendix B-4.

- Strategy Refinement** Following the Community Prioritization Meeting, the Planning Team refined the strategy in light of the current service delivery climate. Particularly, the team noted that to effectively develop seamless services for transitional age youth, Kings County would need to build interagency relationships. The strategies that were recommended during the community prioritization meeting provided a framework for the incubation and growth of such relationships. During the 4th Planning Council Meeting, participants reviewed the proposed Youth Transitions strategy and recommended that it be drafted and presented to the Mental Health Board for approval.

Identify the stakeholder entities involved in the community program planning process.

As noted in the planning activity descriptions above, many variant stakeholder groups participated in the Innovation planning process. The following is a partial list of organizations whose representatives contributed their time and energy to the development of the proposed Innovation project:

Adventist Health	Kings County Child Care Planning Council
Area Agency on Aging	Kings County Jail
Avenal Community Health Center	Kings County Library
Avenal Family Connection	Kings County Office of Education
California Forensic Medical Group	Kings County Partnership for Prevention
Center for Independent Living, Visalia	Kings County Public Guardian/Veterans Services
Central Union School District	Kings County Public Health Department
Champions Recovery Alternatives	Kings LOE SELPA
Child Welfare Services	Kings Rehabilitation Center

City and County Police Departments	Lemoore Naval Air Station Family Support Center
Commission on Aging	Lemoore Union High School District
Corcoran Family Resource Center	Migrant and Seasonal Head Start
County Probation	Migrant Education
Department of Public Safety	Oaks Wellness Center
First 5	Office of Education Foster Youth Services
Hanford Elementary School District	Owens Valley Career Development Center/Tribal TANF
Hanford Joint Union High School District	Santa Rosa Rancheria
Human Services Agency	United Cerebral Palsy
Inter-Spirit Drug and Alcohol Program	United Way
Kings Community Action Organization	

Overall, participants were reflective of Kings County demographic distributions. Information displayed in the table below was collected through confidential demographic surveys voluntarily completed by participants during Key Informant Interviews, Focus Groups, Strategy Round Tables and the Community Prioritization Meeting.

Demographics of Participants per Event						
	Key Informant Interviews	Focus groups	Strategy Round Tables	Community Prioritization Meeting	Total	% of Total Participants*
# of Participants	17	126	29	44	216	100%
Consumer and/or Family Member	8	52	10	21	81	44%
Age:						
• 18-24	0	14	1	1	16	7%
• 25-59	14	92	20	32	157	74%
• 60+	3	18	8	12	41	19%
Ethnicity						
• White	12	59	23	31	126	58%

• Latino/Hispanic	2	44	4	5	54	25%
• African American	1	6	1	3	11	5%
• Asian/Pacific Islander	0	1	0	1	2	1%
• American Indian	0	6	0	1	7	3%
• Mixed Race/Other	2	11	0	3	16	8%
Sex						
• Male	4	30	7	12	53	25%
• Female	13	94	21	32	160	75%
• Transgender	0	0	1	0	1	<1%

**Note: Not all participants chose to answer all questions on the survey. The percent of total is calculated by the actual number of answers for each demographic question, not the total number of surveys turned in. The number of responses to each question may not equal the total number submitted.*

It is encouraging to note that 44% of community members attending the Innovation planning activities identified as consumers and/or family members of consumers. At the same time, future MHSA planning initiatives will also need to consider increased outreach to Native Americans and Latinos. One of the two PEI projects that emerged from the planning process is specifically designed to reach underserved populations and serve as a bridge to behavioral health services. Additionally, Native American and Spanish-speaking focus group members demonstrated enthusiasm and willingness to ongoing relationship development. These factors suggest that future planning activities will be increasingly representative of underserved constituencies.

List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

On May 28, 2010, the draft Innovation Plan was emailed to all stakeholders who had participated in MHSA planning and who provided email addresses on sign-in sheets. Additionally, the plan was posted on Kings County MHSA Website and paper copies were distributed to the Oaks Wellness Center, library, County Administration building and Behavioral Health administration building. On June 28, 2010, the Mental Health Board hosted a public hearing on the draft plan. Twenty-two individuals attended the hearing. The following substantive comments were received:

1. *How will KCBH identify youth participants? How will we avoid the Norteño and Sureño issue (gang fights)?* Response: Ensuring access by underserved youth is a critical objective to this project. The role of the YT Collaborative Team will be to continuously monitor recruitment and at the end of the year, evaluate the

program to determine if it is meeting its objectives. One of the issues that the YT Collaborative Team might need to deal with is the issue of gangs. They will have to discuss challenges, problems and barriers and reach consensus on how to address issues. At this point, the plan does not include a specific policy or procedure for outreach or dealing with specific barriers.

2. *I was hoping that this program would specifically target incarcerated youth so that they receive seamless services as they transition into the community. Why can't we start it while the youth are in custody?* Response: The original intention of Youth Transitions was to do just that. However, the institutional resistance and budgetary restrictions make this objective unfeasible at this time. However, the number one goal of Youth Transitions is to develop the interagency relationships so that in the future we can transcend these barriers. Hopefully, by the second or third year, we will be able to begin the program while the youth are still in custody. If we are able to do this, it will be a significant indicator of our success.
3. *This is a lot like the WRAP program that we implemented 8 years ago. I'm always in favor of wrapping as many services as we can around at-risk youth.* Response: none.
4. *Interagency collaboration is a major issue in Kings County. This is a good strategy.* Response: None.
5. *This is a good strategy for this county. If we are successful building interagency collaborative relationships and implementing evidence-based practices seamlessly, we can set ourselves up nicely to be able to apply for Federal SAMHSA grants.* Response: None.

At the close of the public hearing, the Board Chairperson called for a Mental Health Board vote. The proposed project was approved unanimously.

Exhibit C:**Innovation Work Plan Narrative****Purpose of Proposed Innovation Project (check all that apply)**

- ☐ INCREASE ACCESS TO UNDERSERVED GROUPS
- ☐ INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- ☒ PROMOTE INTERAGENCY COLLABORATION
- ☐ INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

The community Planning Process and concurrent PEI/Innovation Needs Assessment, which resulted in this proposed project, revealed a variety of systematic barriers to achieving public mental health outcomes. In spite of tremendous stakeholder turnout and general consensus about priority populations—in this case, at-risk transitional age youth (TAYs)—the Planning Process revealed a short supply of sustained and targeted interagency initiatives. It is widely recognized that interagency collaboration fosters an unbroken continuum of care for individuals who are otherwise experiencing crisis, trauma and transition. Furthermore, a lack of coordinated support among providers can lead to interruptions in those services and supports that help youth develop and maintain healthy relationships, positive lifestyle choices, vocational and academic skills, and emotional wellbeing. According to MHSA stakeholders, in Kings County, these interruptions contribute to poor outcomes for at-risk TAYs, as evidenced by elevated rates of teen pregnancy, juvenile arrests and incarcerations, school suspensions and expulsions, and lower rates of high school graduation compared to other counties in California.

MHSA has provided Kings County an opportunity to develop and strengthen collaborative relationships between the Behavioral Health Department (KCBH), Juvenile Probation Department (JPD), Child Welfare Services (CWS) and Local Educational Agencies (LEA). But until now, there have been few specific opportunities to foster interagency relationships in support of at-risk transitional age youth. Many of Kings' public and non-profit systems that serve youth have historically operated independently, developing distinct organizational cultures, values and methods. These agencies will be more effective if they increase their capacity to collaborate.

While representatives from all the above-mentioned agencies who participated in MHSA planning have demonstrated a deep commitment to serving this target population, they do not necessarily agree on what can be done to improve outcomes, or even, what outcomes should be measured in the first place. This means that programs that support a target population are often managed and operated by a single agency, and do not take complete advantage of the full-spectrum of County supports. Therefore, we are proposing to use MHSA Innovation funding to build the capacity of individual representatives of public and community-based agencies, (The YT Collaborative Team) to act as "change agents" in support of increased and sustained interagency

collaboration. The following proposed project will provide the service delivery infrastructure for this experimental initiative.

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

This proposed Innovation will examine how diverse county agencies, community based organizations, youth, and parents/guardians can work together in new ways to improve the delivery of services to transitional age youth.

The services themselves will take proven-effective interventions and combine them to maximize outcomes for clients. But more importantly, the project will create new systems by which mental health services can be designed and implemented—both in the short-term and long-term.

YT Services:

Each year, for three years, *Youth Transitions* (YT) will provide enhanced, seamless support to 50 of the most at-risk TAYs in Kings County. *Youth Transitions* will be voluntary and will target students enrolled in community and continuation schools, independent living programs, and juvenile probation. *Youth Transitions* combines evidence-based and locally-recognized best practices, which augment academic enrichment provided through schools, by focusing on vocational, emotional, creative, and social development. The following services have been selected because each helps build specific personal qualities, opportunities and relationships that youth need to develop in order to avoid risks and thrive.

- Vocational Development—Afterschool animal husbandry program that includes equine therapy, skills building and community-based internships.
- Emotional Development—Weekly visits to animal husbandry program by contracted clinical therapist to conduct group sessions. Contracted clinician will be available for individual therapy on an as-requested basis.
- Creative Development—Weekly arts classes such as dance, drumming, mural-making, theater, etc., provided in community settings by professional arts instructors.
- Healthy Social Relationship Development—Annual ropes course or other self-esteem and leadership development programs, provided by professional experiential educators.

Services will be delivered to participating youth for a period of 12 months. On a quarterly basis, individual participants and parents/guardians may be asked to meet with members of the YT Collaborative Team in order to discuss issues associated with participation and behavior or plans for ongoing treatment or support. The YT

Collaborative Team will share responsibility with the youth and their families for developing a seamless plan for youth safety, wellness, recovery and independence.

The innovative focus of this project is not about measuring the impact of proposed services on youth, which delivered individually, have either already demonstrated positive impact or are currently being evaluated, but rather, the focus will be on measuring the impact of collaboratively planning, implementing, and evaluating the services on the team of providers (i.e. change agents) themselves and ultimately on the impact of the change agents on their respective agencies and agency leadership. In other words, will the Youth Transitions experience increase the degree to which agencies in Kings County collaborate to achieve integrated service delivery?

YT's Collaborative Service Delivery Model: Youth Transitions programs will be coordinated by a KCBH Prevention Services Coordinator, who will convene the YT Collaborative Team. The Team will be made up of providers from KCBH, Kings View, the equine therapy/animal husbandry program, Juvenile Probation, CWS and Office of Education and will include two youth representatives and two parent/guardian representatives. This Team will meet on a bi-monthly basis (6 times per year) to develop, administer, monitor and evaluate the impact of this project on youth participants. While each provider will be responsible for a specific aspect of service delivery, the Team will be tasked with the following:

- Reviewing and refining YT Logic Model and service delivery plan;
- Identifying barriers to seamless service delivery;
- Monitoring youth outreach and recruitment process to ensure that services are delivered to those demonstrating the greatest need and that services are reaching all ethnic and geographic communities, particularly those traditionally underserved in Kings County;
- Adjusting and improving program based on participation and drop-out rates, client satisfaction, program monitoring, and process evaluation;
- Troubleshooting and problem-solving;
- Assessing ongoing needs and service gaps for target population;
- Reviewing other best practices and evidence-based practices for target population; and
- Identifying potential funding sources and creating a sustainability plan

In addition, the YT Collaborative Team will be responsible for identifying YT participants who are exhibiting behavior issues, absenteeism, or other barriers to program completion. These youth and their parents/guardians will be invited to attend meetings with appropriate YT Collaborative Team members to problem-solve, identify additional resources and plan for successful program completion. These Team Meetings will use the same strategies and methods as the WE-CAN Multidisciplinary Teams (MDTs), described in the Kings County MHSA Prevention and Early Intervention Component.

The objective of these teams is to ensure that each youth participant has the support they need to successfully complete the Youth Transitions Program.

Consensus Decision-Making: In November 2010, the YT Collaborative Team will convene for the first time to work out details related to implementing *Youth Transitions*. They will address issues associated with startup such as recruitment, access, retention, communications, and accountability. The YT Collaborative Team will employ a consensus decision-making process that entails all participants discussing issues and seeking mutually agreed-upon solutions. If decisions cannot be reached within a reasonable period of time, participants will vote, with final decisionmaking authority residing with KCBH's Director. The consensus-building process is a critical element to YT governance because it requires deep listening, mutual respect, compromise and self-reflection, all of which are fundamental to the development of effective partnerships.

Youth Outcome Evaluation: Beginning in January 2011, the YT Collaborative Team will begin the process of collectively developing outcome measures and creating an evaluation plan. The Team will be assisted by an evaluation coach that can help guide this process. Collaborative evaluation activities will focus not only on measuring outcomes but also on identifying opportunities to improve services throughout implementation. One of the main objectives for collaborative evaluation is to help participants build a common understanding of goals and methods and a shared sense of purpose. Such mutual understandings are critical to building long-term, sustainable interagency communications and initiatives that result in a breakdown of silos and seamless service delivery.

Teambuilding and Leadership Development: The YT Collaborative Team brings a diverse range of providers together who are intimately involved in promoting all aspects of youth social and emotional development and transition toward financial self-sufficiency and independence. Parents/guardians and youth representatives are critical members of the Team; they ensure that youth and families are not perceived as "other," but rather, that their perspectives are woven into the very fabric of our collective understanding of what we are trying to achieve.

During the planning phase of this project, the YT Collaborative Team will participate in a week-long submersion course, in which they will engage first-hand in the equine/animal husbandry program, ropes course and art courses, and will receive training in cultural competency, conflict resolution and de-escalation, and HIPAA compliance. The emersion program, organized by KCBH, will replicate many of the activities that the *Youth Transitions* participants will be participating in, and will help build team cohesion, shared purpose and leadership capacity. Activities such as the ropes course will help develop all team members' willingness and capacity to articulate their perspective and respect those of others.

Measuring Effectiveness of the Collaborative Process: KCBH will conduct an evaluation of the collaboration process on the individual providers and ultimately on the agencies within which they work. In so doing, we hope to demonstrate that by working collectively on this project, providers from disparate agencies can develop a shared

sense of purpose, methods and expectations. The ultimate goal is that these providers will act as “change agents” within their organizations and help develop the capacity and motivation for increased collaboration and integration of services.

Youth Transitions is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320.

1. Community Collaboration—Planning, implementation, and evaluation will be carried out with a collaborative team of representatives from county agencies and community based organizations
2. Cultural Competence—*Youth Transitions* targets at-risk TAYs from all ethnic and cultural backgrounds. As such, all *Youth Transitions* Collaborative Team members will receive external cultural competency training and will be asked to consider cultural diversity in planning, implementation and evaluating the differential impact of services.
3. Client and Family Driven—All youth participants and their family/guardians will participate quarterly in team meetings with providers or satisfaction surveys. Participation will focus on monitoring client progress and opportunities to improve services. Two youth representatives and two parent representatives will serve on the YT Collaborative Team to ensure that their voices are included in the development of an interagency service delivery model for at-risk transitional age youth.
4. Wellness, Recovery and Resilience Focused—KCBH is committed to providing services in an environment that stresses the capacity for individual transformation and the responsibility of all providers for reinforcing such values. One critical outcome that will be evaluated will be the degree to which partner providers develop wellness and recovery-oriented perspective.
5. Integrated Services Efxperience—*Youth Transitions* is designed specifically to better integrate services—between educational institutions, juvenile justice, child welfare and behavioral health—so that youth and their families experience continuity and stability.

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length – one page)

Youth Transitions introduces new approaches to the planning, delivery and evaluation of services designed to support the wellbeing of transitional age youth; it does not claim to introduce a new set of mental health services. While we may be combining a variety of mental health and youth development services under one umbrella, we are not suggesting that this in itself is unique or innovative. Rather, we are using this combination of services to launch a laboratory for individual and organizational and systemwide transformation.

In Kings County, such an experiment is particularly pioneering. We are a county with very diverse ethnicities and cultures, and deeply entrenched social and economic problems. We do not always agree on how to address these issues. For this reason, it is critical that we overcome prejudices, build bridges, and unite in a common goal. This project provides the necessary framework for such an effort.

Youth Transitions seeks to measure the impact of this unique collaborative effort on service providers and ultimately on the agencies within which they work. Key questions we will try to answer include the following:

- *By working together to plan, implement and evaluate a multi-dimensional therapeutic, vocational and leadership program, can a team of providers from a variety of agencies that serve at-risk youth develop a common and integrated service delivery approach?*
- *Will such an initiative encourage future collaborative efforts for this population as well as other target populations?*

The following is our framework for evaluation:

Goal/Objective to be measured	Method of Measurement
<p>Agencies/organizations will commit staffing resources to participating in this project, including:</p> <ul style="list-style-type: none"> • Bi-monthly (6 sessions annually) collaborative project management meetings • Quarterly team meetings with participants and family members 	<p>Review interagency MOUs</p> <p>Review project management meeting and quarterly team meeting sign-in sheets.</p> <ul style="list-style-type: none"> • How many meetings did each agency attend? • Did the same individuals from each agency attend the meetings?
<p>Agency representatives will develop consensus on future strategies for supporting/treating target population through:</p> <ul style="list-style-type: none"> • Participation in bi-monthly collaborative project management meetings • Participation in quarterly meetings with youth and their families 	<p>Pre post questionnaire administered to participating agency representatives about perceived impact of YT model and about other possible methods of treating/serving target population.</p> <p>Focus group at yearly intervals with agency representatives</p> <ul style="list-style-type: none"> • Did providers become more closely aligned in terms of what they think helps at-risk youth succeed? • Did they become more likely to base strategies on literature review of evidence based practices for mental health, education and juvenile justice practices?

By participating in evaluation planning, agency representatives will develop a shared understanding of youth outcomes to be measured.	<p>Review of YT Evaluation Plan</p> <p>Pre post questionnaire about what agency representatives hope will be achieved through the YT Program</p> <ul style="list-style-type: none"> • Did providers develop an agreed-upon set of outcomes to be measured? • Did they develop a method for measurement? • Did they collectively develop a plan for adjusting the program based on evaluation findings?
Agency representatives will develop listening, conflict resolution skills and increased cultural competency.	<p>Project management meeting observations</p> <p>Focus group questions:</p> <ul style="list-style-type: none"> • How effective are meetings? • Has there been a change in how meetings are run and how participants interact? <p>Pre Post administration of cultural competency questionnaire</p>
Agency representatives will advocate for increased collaboration within their agencies	<p>Focus group questions:</p> <ul style="list-style-type: none"> • What do you think has been the impact of this project on you and your work? • Do you think it has impacted your role within your agency? How?
Agencies and organizations will embark on future collaborations on behalf of this and other target populations	<p>Follow up Interviews with agency directors and Board of Supervisors at 1, 2 and 3 year intervals.</p> <ul style="list-style-type: none"> • Have you recently embarked on any collaborative initiatives with partner agencies or community based organizations? • How likely are you to collaborate with partner agencies on a new project? • What are the barriers to collaboration?

Perhaps the critical goal of this project is to develop the capacity of institutions with very different institutional values and cultures to work together to solve social problems. If successful, we hope to share this model with Kings County stakeholders, including our

Board of Supervisors, and distribute results to other Behavioral Health Departments throughout the State. We ultimately hope to learn methods of building common visions, missions and methods of solving individual and community-wide challenges.

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length – one page)

Implementation/Completion Dates: August 2010 – February
2014 (3.5 years)
MM/YY – MM/YY

Month	Year	Activity	Outcome/Deliverable
Aug-Oct	2010	Develop MOUs with agencies and organization dedicating staff time	Signed MOUs
Aug-Oct	2010	Sign contracts with equine therapy, art instructors and ropes course	Signed contracts
Oct-Dec	2010	KCBH to initiate recruitment of Youth Participants	75 youth recruited
Nov	2010	Initial YT Collaborative Team Meeting with representatives from: <ul style="list-style-type: none"> • Behavioral Health • Kings View • Juvenile Probation • Child Welfare/CPS • Office of Education/Schools • Equine therapy • Youth representatives • Parent/Guardian representatives 	Kick-off meeting, facilitated by MHSA Coordinator and Prevention Services Coordinator Initial meeting finalizes service delivery plan; roles and responsibilities; expectations; outcome evaluation strategy
Dec	2010	Week-long Emersion Program	All core Team Members receive training
Jan	2011	Initiate Pre Test Questionnaires of agency representatives for process evaluation	Questionnaires collected by independent evaluator
Jan	2011	Initiate youth application and screening process	50 youth accepted into program
Jan	2011	Begin 12 month equine therapy program; weekly individual therapy sessions; art courses	Full program implementation
Nov, on-going	2010-2014	Bi-monthly YT Collaborative Team meetings for program monitoring and evaluating	Development of Youth Outcome Evaluation planning

			Ongoing program monitoring, problem solving, etc Observation by independent evaluator
April, on-going	2011-2012	Quarterly Team Meetings with youth and families	Client and family-driven treatment planning; case management; service integration
Jan	2012	YT Collaborative Team conducts Year 1 Evaluation	Collect, analyze and report youth participant data
Jan	2012	KCBH conducts Year 1 Process Evaluation	Independent evaluator to conduct focus groups, key informant interviews
Jan	2012	Begin 2 nd cohort of youth participants	2 nd year of implementation
Jan	2013	YT Collaborative Team Conducts Year 2 Outcome Evaluation; Strategic Planning Retreat; sustainability planning	Collect, analyze and report youth participant data. Follow-up on Year 1 Participants
Jan	2013	KCBH Conducts Year 2 Process Evaluation	Independent evaluator to conduct focus groups, key informant interviews, review pre post data
Jan	2013	Begin 3 rd cohort of youth participants	3 rd year of implementation
Jan	2014	YT Collaborative Team conducts final outcome evaluation	Final Outcome Evaluation Report
Jan	2014	KCBH Completes Final Evaluation Report	Final Process Evaluation Report
March	2014	Report findings to BOS, DMH, etc	Final 3 year report with client outcome data and process data related to development of interagency collaboration

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The evaluation of *Youth Transitions* has two components:

1. **Evaluation of Youth Outcomes:** The youth outcomes evaluation will be conducted internally by the Youth Transitions Collaborative Team with support from an independent evaluator to ensure data integrity and appropriate evaluation methodology. The YT Collaborative Team will measure the impact of the interventions on youth participants. As one of the elements of our innovative approach, the specific youth outcomes to be measured will be decided by the YT Collaborative Team. The purpose of this approach is to develop the capacity of team members from different agencies to collectively agree on a uniform set of outcome measures, thereby identifying a common goal. With assistance from the independent evaluator and KCBH's Prevention Services Coordinator, the YT Collaborative Team will prepare annual outcome reports and a final Outcome Evaluation in January 2014.
2. **Evaluation of Evaluation Process:** An independent evaluator will assess the effect of the collaborative effort on service providers and on the agencies within which they work. This process evaluation will focus on answering the following questions:
 - a. *Did the collaborative team develop common goals and an integrated service delivery approach?*
 - b. *Did this effort encourage new inter-agency collaborations?*

The objectives to be measured and the method of measuring these goals are described in greater detail in narrative and table "**Contribution to Learning**"

The evaluation will include a pre-implementation, mid-implementation and post-implementation component using the following quantitative and qualitative methods:

- a. Pre Post survey and follow-up focus group of YT Collaborative Team Members to measure degree to which participants develop common set of goals, objectives, strategies and collaborative skills.
- b. Quantitative analysis of sign-in sheets to determine individual and/or agency commitment to collaboration.
- c. First and last meeting observations to determine degree to which participants develop collaborative skills.
- d. Interviews with department leadership and Board of Supervisors to determine impact of pilot project on commitment.

The evaluator will prepare annual interim reports and a final Process Evaluation Report in January 2014.

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Implementation of this proposal depends upon the willingness of Juvenile Probation, Local School Agencies, Kings View Counseling and Child Welfare Services to commit staff time to participating in collaborative meetings on a bi-monthly basis. The assumption is that if this project is successful in generating positive youth outcomes and in building collaborative capacity, the agencies will collectively seek funds for sustainability.

Exhibit D
Innovation Work Plan Description
(For Posting on DMH Website)

County Name

Kings County

Annual Number of Clients to Be Served (If Applicable)

50 Total

Work Plan Name

Youth Transitions

Population to Be Served (if applicable):

Youth Transitions will target students enrolled in community and continuation schools, independent living programs, and juvenile probation. Services will be voluntary but specifically target those youth who are experiencing difficulty transitioning from foster care to independent living and from in-custody placement to community settings.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

Each year, for three years, Youth Transitions will provide enhanced, seamless support to 50 transitional age youth who are at-risk of juvenile justice involvement in Kings County. The program will offer evidence-based and locally-recognized social, emotional, artistic and vocational skills development through by a collaborative team made up of care coordinators, clinicians, parent/guardian and youth representatives, probation officers and child welfare service providers.

This project seeks to address two significant barriers: 1) Wellness-oriented services to youth who are transitioning from institutional settings are interrupted as they reenter the community, resulting in high rates of recidivism, risky behaviors, trauma and emotional disturbance. 2) The myriad service providers who are involved in supporting these youth have historically worked independently and do not coordinate services and share resources.

The innovative focus of this project is not about measuring the impact of proposed services on youth, which delivered individually, have either already demonstrated positive impact or are currently being evaluated, but rather, the focus will be on measuring the impact of collaboratively planning, implementing, and evaluating the services on the team of providers (i.e. change agents) themselves and ultimately on the impact of the change agents on their respective agencies and agency leadership. In other words, will the Youth Transitions experience increase the degree to which agencies in Kings County collaborate to achieve integrated service delivery?

Exhibit E
Innovation Funding Request

Mental Health Services Act
Innovation Funding Request

County: KINGSDate: July 21, 2010

Innovation Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth, Families	Transition Age Youth	Adult	Older Adult
1	1	Youth Transitions	1E+06	181808	1030243		
2							
3							
4							
5							
6							
7							
8		10% Administration	121205				
9		10% Operating Reserve	121205				
10	Subtotal: Work Plans		\$1,454,460	\$181,808	\$1,030,243	\$0	\$0
11	Plus County Administration						
12	Plus Optional 10% Operating Reserve						
13	Total MHSA Funds Required for Innovation		\$1,454,460				

Exhibit F

Innovation Projected Revenues and Expenditures

Innovation Projected Revenues and Expenditures					
County:	KINGS	Fiscal Year:	2010/11		
Work Plan #:	1				
Work Plan Name:	Youth Transitions				
New Work Plan	<input checked="" type="checkbox"/>				
Expansion	<input type="checkbox"/>				
Months of Operation:	08/10 - 03/14				
	MM/YY - MM/YY				
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total	
A. Expenditures					
1. Personnel Expenditures	119,550			\$119,550	
2. Operating Expenditures	1,092,500			\$1,092,500	
3. Non-recurring expenditures				\$0	
4. Training Consultant Contracts				\$0	
5. Work Plan Management				\$0	
6. Total Proposed Work Plan Expenditures	\$1,212,050	\$0	\$0	\$1,212,050	
B. Revenues					
1. Existing Revenues				\$0	
2. Additional Revenues					
a. (insert source of revenue)				\$0	
b. (insert source of revenue)				\$0	
c. (insert source of revenue)				\$0	
3. Total New Revenue	\$0	\$0	\$0	\$0	
4. Total Revenues	\$0	\$0	\$0	\$0	
C. Total Funding Requirements	\$1,212,050	\$0	\$0	\$1,212,050	
Prepared by:	Debbie Walker		Date:	07/21/10	
Telephone Number:	(559) 582-3211 x 2304				

INNOVATION WORK PLAN BUDGET NARRATIVE**Work Plan #1
Youth Transitions
FY10/11****Summary:**

The funding request for Fiscal Year 2010/2011 represents Period beginning August 1, 2010 through March 31, 2014 for the Innovation Work Plan of the Kings County MHSA Plan.

A) Expenditures**1. Personnel Expenditures - \$119,550**

- Personnel Expenditures are for a .50 FTE Prevention Coordinator for the full 42 months. All salary and benefit cost are based on current County cost projections for fiscal year 10/11.

2. Operating Expenditures - \$1,092,500

- All operating costs are estimated at the 09/10 actual county cost for Kings County programs with a cola added. Costs included are for a PET project (\$65,000 per year x 3), two (2) Ropes courses (\$40,000 x 3), art instruction (\$65,000 per year x 3), a contracted therapist (\$150,000 per year x 3), contracted evaluation (\$15,000 per year x 3) plus a % of normal operating expenses for phones, office supplies, rent, utilities and equipment usage (approx \$25,000 per year x 3.5).

3. Non-recurring expenditures - \$ 0

- No non-recurring expenditures are anticipated.

4. Training Consultant Contracts - \$ 0

- No training consultant is anticipated.

5. Work Plan Management - \$ 0

- No contracted management expenses.

6. Total Proposed Innovation Work Plan Budget - \$1,212,050**B) Revenues****1. Other Revenues - \$ 0**

- There are no revenues for this program.

Appendix B-1

Kings County MHSA Planning Council Members

Name	Affiliation
Anthony Gracian	BH Advisory Board
Benjamin Wenthur	BH Advisory Board
Catherine Kemp	Local Child Care Planning Council
Cee Hice-Douglas	BH Advisory Board
Danette Welch-Hughes	BH Advisory Board
Debra Allen	BH Advisory Board
Dee Avila	BH Advisory Board
Fabiola DeCaratachea	Kings County First 5
Jean Scanlan	BH Advisory Board
Joe Neves	BH Advisory Board, Kings County Board of Supervisors
Karen McConnel	Director of Special Services, Hanford USD
Kathy Cruz	Corcoran Family Resource Center
Mary Gonzales-Gomez	BH Advisory Board
Nell Lobdell	Kings Partnership for Prevention
Pat Oliver	BH Advisory Board
Peri Neos	BH Advisory Board
Sharon DeMasters	Commission on Aging
Sue Braz	Champions Recovery Alternatives
Susan Steward	Kings County Office of Ed. Foster Youth Services
Tina Garcia	BH Advisory Board, Child Protective Services
Tom Doyle	BH Advisory Board
Vincent Peterson	BH Advisory Board

Appendix B-2



Kings County MHSA Planning

MHSA Update

The passage of the Mental Health Services Act (MHSA) on November 2, 2004, has afforded Kings County Behavioral Health an opportunity to transform its mental health system of care. The goals of MHSA are to:

- ✓ Reduce the long-term, adverse impact of untreated mental illness on individuals, families, and state and local budgets.
- ✓ Expand innovative service programs for children, adults and seniors.
- ✓ Reduce the stigma associated with being diagnosed with a mental illness.

Between 2007 and 2008, Kings County Behavioral Health engaged community members in a comprehensive series of community activities to develop:

- ✓ Mental Health Services and supports.
- ✓ Mental health workforce training and education strategies.

Beginning this November 2009, Kings

County Behavioral Health will launch the community planning process for the MHSA Prevention and Early Intervention (PEI) and the Innovation (INN) components. Upon completion of these planning processes, the State will award Kings County over \$3 million.

Innovation

The MHSA Innovation component funds novel, creative and ingenious mental health practices that contribute to learning. Innovation programs cannot replicate programs in other counties. Innovation programs should be designed to:

- ✓ Promote interagency collaboration,
- ✓ Increase access to services, particularly for underserved groups and/or
- ✓ Increase the quality of existing services.

As strategies funded by MHSA under this component are innovative in nature, not all will succeed. Counties are encouraged to take a risk!

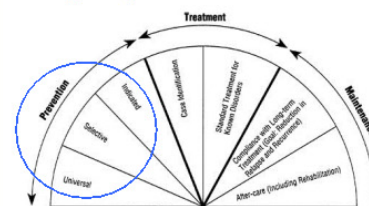
Prevention and Early Intervention

The PEI component provides funding for programs that engage persons prior to the development of serious mental illness or emotional disturbances. The intention is to alleviate the need for additional mental health treatment, and to transition those with ongoing needs to more comprehensive mental health services.

Prevention strategies help reduce stigma and target community members who are experiencing challenging life circumstances and who may be "at risk" of developing behavioral health issues. Prevention strategies are meant to reduce risk factors, increase coping mechanisms and promote community wellness.

Early Intervention strategies are targeted toward individuals experiencing the early stages of mental illness and for whom short-term; relatively low-intensity services are appropriate.

Additionally, Early Intervention programs aid in the transition to more extensive behavioral health services to help prevent issues from getting worse.





**Behavioral Health
Services**
450 Kings County Dr.,
Suite 104
Hanford, CA 93230

Phone:
(559) 582-3211

E-Mail:
E-Mail Address Here

Your Participation is Critical!

School Newsletter 4

Kings County Behavioral Health is seeking input from community members in crafting its Prevention and Early Intervention and Innovation Plans.

All members of the public are invited to participate in this process. In particular we are seeking individuals who are:

- ✓ Consumers or family members of mental health service consumers
- ✓ Family members of young children with special needs
- ✓ Teens and young adults
- ✓ Representatives from underserved cultural populations
- ✓ Recent immigrants
- ✓ GLBT community members
- ✓ Older adults

We are also seeking input from professionals who may be involved in prevention and early intervention activities. In particular we are seeking:

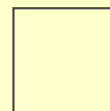
- ✓ Educators
- ✓ Health care providers
- ✓ Law enforcement/probation/emergency service providers
- ✓ Mental health providers
- ✓ Clergy
- ✓ Others caring for underserved and vulnerable populations

Your input is critical to creating programs that meet the needs of Kings County's diverse residents.

Please contact Kings County Behavioral Health if you are interested in attending a **focus group** or a **community meeting** in the coming months.

In addition, Kings County will be convening an **MHSA Planning Council** to help guide the process. The first planning council meeting for this phase of MHSA planning will be on date, at time, at location. If you are interested in attending, please contact name, at phone or email.

Kings County
Behavioral Health
450 Kings County Dr., Suite 104
Hanford, CA 93230



**RECIPIENT NAME
STREET ADDRESS
ADDRESS 2
CITY, ST ZIP CODE**

Mental Health Board Public Hearing

Innovation Plan
Mental Health Service Act
June 2010



Kings County
Behavioral Health Services

Prepared by Resource Development Associates, Inc

Agenda

- MHSA & Innovation Component Review
- Planning Process Review
- Project Proposal
- Questions & Comments
- Next steps



June 10

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Mental Health Services Act

The purpose of MHSA is to transform and expand mental health services

- Wellness, Recovery and Resiliency
- Cultural Competence
- Client & Family Driven Mental Health
- Integrated Service Experience
- Community Collaboration
- Outcome Oriented



June 10

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MHSA Innovation Purpose

- Funds novel, creative & ingenious mental health practices
- Promotes LEARNING
- Cannot replicate programs jurisdictions
- Must be aligned with MHSA principles
- Similar to pilot or demonstration projects; not all innovative strategies will succeed



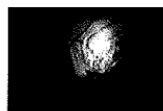
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MHSA Innovation Funding

- Innovation represents approximately 5% of the MHSA funding for each county
- Component funding for Kings County is approximately \$300,000 per year



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Innovation Component Planning Process

- ✓ Project Initiation (Mid Nov)
- ✓ Discovery and Needs Assessment (Dec-Jan)
- ✓ Best Practice Research and Strategy Development (Jan)
- ✓ Community prioritization (Feb)
- ✓ Feasibility research & budgets (March)
- ✓ MHSA Planning Council Approval of Concept (May 5)
- ✓ Draft plan (May)
- ✓ 30-day public review (May 28 – June 28)
- ✓ Mental Health Board & public hearing (June 28)
 - Submit to BOS for approval (July 20)
 - Submit to State (July 21)

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Innovation Planning Process



- 398 Receive Newsletters & Announcements
- 1 Community Prioritization Meeting
- 3 Planning Council Meetings
- 4 Strategy Roundtables
- 11 Focus Groups
- 23 Interviews



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Kings County Innovation Plan

Guidelines

Need to identify:

1. What is the issue or problem?
2. What is the barrier? (can't be lack of funding!)
3. What is the essential purpose?
 - Increase access to underserved groups;
 - Increase quality of services;
 - Promote interagency collaboration; or
 - Increase access to services
4. What does the County wants to learn?
5. What is the innovation we are testing?

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Kings County Innovation Plan

The Issues

- Kings County at-risk TAYs experience interruptions in those services that can help them develop and maintain:
 - Healthy relationships, positive lifestyle choices,
 - Vocational and academic skills, and
 - Emotional wellbeing
- Lack of coordinated support leads to poor outcomes for TAYs

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Kings County Innovation Plan

The Barrier

- Programs for TAYs traditionally operate independently, developing distinct organizational cultures, values and methods
- Providers do not necessarily agree on what can be done to improve outcomes...
- ...or even what outcomes should be measured
- Programs operating independently do not provide integrated services, which are shown to generate positive outcomes

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Kings County Innovation Plan

The Essential Purpose

Must choose one:

- ☐ Increase access to underserved groups
- ☐ Increase quality of services
- ☒ Promote interagency collaboration
- ☐ Increase access to services



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Kings County Innovation Plan

Learning Goal

- By working together to plan, implement and evaluate a multi-dimensional therapeutic, vocational and leadership program for at-risk TAYs, can a team of providers from a variety of agencies develop a common and integrated service delivery approach?
- Will their initiative encourage future collaborative efforts in Kings County?

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Kings County Innovation Plan

Youth Transitions

- A new service delivery system
- Provides enhanced support to 50 of the most at-risk TAYs in Kings County
- Participation will be voluntary
- Targets youth in community and continuation schools



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Kings County Innovation Plan

Youth Transitions

- **Vocational Development**—After-school animal husbandry program (P.E.T.). Includes equine therapy, skills-building and internships
- **Emotional Development**—Individual, weekly clinical therapy. Therapist provides on-site visits to P.E.T. program
- **Creative Development**—Weekly art classes such as dance, drumming, mural-making, theater
- **Social Development**—Ropes Course or other self-esteem & leadership development program
- **Quarterly team meetings** with participant, guardian, and providers



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Kings County Innovation Plan

Youth Transitions Collaborative Team

A team of providers will meet every other month to plan, monitor and evaluate the Youth Transitions program:

Team members include:

- | | |
|--------------------------|-----------------------------------|
| ■ Behavioral Health | ■ Office of Education |
| ■ Kings View | ■ PET program |
| ■ Juvenile Probation | ■ TAY representatives |
| ■ Child Welfare Services | ■ and |
| | ■ Parent/guardian representatives |

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Kings County Innovation Plan

Youth Transitions

- **Team members will:**
 - Develop a common set of outcome measures that demonstrate shared goals and objectives
 - Monitor progress of implementation and conduct a process and outcome evaluation
 - Develop future strategies for supporting TAYs
 - Participate in a ropes course that is identical to the one that TAYs participate in

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16

How will we know if our collaborative effort is successful?

We will ask the following:

- Did agencies adequately commit staffing resources to this project?
- By working together to plan, implement and evaluate *Youth Transitions*, can our collaborative team of providers:
 - Develop a shared understanding of youth outcomes to be measured?
 - Develop consensus on future strategies for supporting TAYs?
 - Increase their listening and conflict resolution skills?
 - Advocate for increased collaboration within their agency?
- Did this initiative encourage future collaborative efforts for this population as well as other target populations?

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Next Steps

1. Mental Health Board Vote
2. Board of Supervisors Approval July 20
3. Submit to State July 21
4. Implementation September 2010

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18

Contact Us



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June 19

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19

MHSA Community Input Forms
Innovation Strategy Development Worksheet

Programs must align with one of the four Essential Innovation Purposes including:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency communications
- Increase access to services

Please describe a unique mental health project or practice that you would like to try here in Kings County:

Which of the above Essential Innovation Purposes will this strategy address? (you may choose more than one):

What need or challenge will this strategy will address?

Is there a reason (other than a lack of funding) that has prevented Kings County from addressing this challenge in the past? (for example: lack of coordination between agencies, lack of knowledge about what works, shortage of bilingual providers, etc.)

If we implement this strategy, what do you think we will learn about mental health? (for example, if we were to provide free dental care to everyone who came in for mental health services, we would learn if providing free dental services increases participation in mental health treatment services.)

**MHSA Community Input Forms
Innovation Priorities**

List your top two strategies here:

1) _____

2) _____

Strategy 1: _____

Please explain why you selected this strategy?

What needs does this strategy help address?

What will Amador county learn from this strategy?

Are there any existing resources that can be leveraged to help build this strategy?

Is there anything else you would like to say about this strategy?

Strategy 2: _____

Please explain why you selected this strategy?

What needs does this strategy help address?

What will Amador county learn from this strategy?

Are there any existing resources that can be leveraged to help build this strategy?

Is there anything else you would like to say about this strategy?

Other Considerations

Appendix B-3

Key Informant Interviews—Kings County MHSA Innovation Planning


Interviews were held with a broad range of stakeholders including consumers and family members, behavioral health staff and community providers, representatives of geographically dispersed Family Resource Centers, public health officials, police and probation, First 5, and elected officials.

Name	Affiliation
Brenda Johnson, Chuck Garon, Rich Smith, Kathy Brown	Kings View Counseling Services
Steve Brum, Dan Beair, Kelly Zuniga	Kings County Probation Department
Dean Hoover	Hanford Police Department, Crisis Intervention Team Coordinator
Devondria Sanchez	KCBH Patient's Rights Advocate
Dr. Lori DeCarvalho	Adventist Health Behavioral Health Services
Joe Neves	BH Advisory Board, Kings County Board of Supervisors
Judy Newton	Program Director, United Cerebral Palsy
Karen McConnell	Director of Special Services, Hanford USD
Kathy Cruz	Corcoran Family Resource Center
Keith Winkler	Director of Public Health
Lisa Watson	Executive Director, First 5
Minetta Costa	Program Manager, California Forensic Medical Group
Nell Lobdell	Director, Kings Partnership for Prevention
Sharon DeMasters	Director, Commission on Aging
Sherry Johnson, LCSW	Director, MH Services, Naval Air Station, Child Abuse Prevention Coordinating Council
Sue Wiezenhaus-Braz	Champions Recovery Alternatives, Hannah's House
Tina Garcia	Program Manager, Kings County Human Services, CPS

Appendix B-4

Community Prioritization Meeting

Innovation (INN)
Mental Health Service Act
February 2010



Kings County
Behavioral Health Services

Prepared by Resource Development Associates, Inc

Innovation Overview

- Funds novel, creative and ingenious mental health practices
- Developed through community participation
- Cannot replicate programs in other jurisdictions
- Must be aligned with MHSA principles
- By nature, not all innovative strategies will succeed.

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Innovation Essential Purposes

Projects proposed under Innovation should do one of the following:


- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency communications
- Increase access to services

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Innovation Funding

Kings County Innovation Budget

- Funding estimate = around \$300,000/year



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Potential Innovation Strategies

Project 1: Incentives for Childcare Providers

- Barrier: Families do not follow up on referrals to child development and BH specialists
- Program Description: Trains childcare providers to conduct mental health assessments and refer families to needed services. Provides small incentives for successful referrals
- Learning Question: *Will providing financial incentives to childcare providers increase the number of underserved families seeking information and receiving early intervention services?*

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Potential Innovation Strategies

Project 2: Local Cultural Competence

- Barrier: Shortage of cultural competence relating to diverse communities such as Latino/Hispanic, Native American, families of incarcerated adults, military and regionally isolated in Kings County.
- Program Description: Funds one .5 FTE to develop and implement cultural competence training for BH and partnering providers specific to Kings County.
- Learning Question: *Will training in local cultural attitudes and practices help providers extend services to disparate populations, decrease stigma and increase positive outcomes?*

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Potential Innovation Strategies
Project 3: Mental Health for Diabetics

- Barrier: High rates of depression among diabetics and psych meds increase risk of diabetes
- Program Description: This strategy would provide coordinated mental and physical health care management for diabetics.
- Learning Question: *Will coordinated care decrease the rates of depression and diabetes in the County?*

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Potential Innovation Strategies
Project 4: Mental Health Needs Assessment

- Barrier: Lack of geographic and demographic knowledge of community mental health needs may negatively impact service delivery planning
- Program Description: A unique survey designed to collect data on mental health needs, risk and protective factors in Kings diverse communities
- Learning Question: *Is Kings County's approach to service delivery meeting the current needs of its population?*

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Potential Innovation Strategies
Project 5: Vicarious Trauma Support in Underserved Communities

- Barrier: Underserved communities are most likely to be impacted by vicarious trauma and least likely to seek services
- Program Description: Therapeutic services and support groups for mental health, substance abuse and first responder staff who have Secondary Traumatic Stress Disorder
- Learning Question: *Can we improve the personal and professional lives of first responders and mental health providers working in underserved communities who are exposed to vicarious trauma through the course of their work?*

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Potential Innovation Strategies
Project 6: Enhanced Prevention Through Kings PET Program

- Barrier: This emerging prevention and intervention program has not been fully evaluated for its impact on at-risk youth
- Program Description: Equine assisted growth and learning interventions to adults undergoing drug rehab and youth with learning and emotional issues. This program would fund the incorporation of a mental health clinician.
- Learning Question: *Do animal and nature oriented programs increase wellness and resiliency in at-risk and SED Transitional Age Youth?*

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Contact Us

Public comments can be sent care of:



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Oakland, CA 94607
Or via e-mail:
jsusskind@resourcedevelopment.net

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Kings County Innovation Priorities

The following table depicts the number of “votes” received for each of the Innovation Strategies presented at the Community Prioritization Meeting on February 19, 2010.

Project	Prioritization
Project 2: Local Cultural Competence	2
Project 1: Incentives for Childcare Providers	4
Project 4: Mental Health Needs Assessment	4
Project 5: Vicarious Trauma Support in Underserved Communities	6
Project 13: Study to with TAY to determine what it will take to get them to mh services	6
Project 11: Wellness and recovery and transition from JJ	8
Project 7: Father friendly/father centered service	9
Project 9: Cps/mental health liaison	9
Project 12: Teen parent curriculum	9
Project 3: Mental Health for Diabetics	11
Project 10: BH/Court systems development	14
Project 8: "Living outside the lines" JJ rehabilitation	15
Project 6: Enhanced Prevention through King's PET Program	19